RECEIVED & INSPECTED

JAN 1 8 2006

DOCKET FILE COPY ORIGINAL HEART and Health Academys

24535 Jefferson Ave.

St Clair Shores, MI 48080 Telephone: 586-445-7069

Fax: 586-445-9139

FCC-MAILROOM

Federal Communications Commission Office of the Secretary 445 12th Street, SW Room TW-A325 Washington, DC 20554

Fax: 202-418-0187

Reference: CC Docket No. 96-45 and CC Docket No. 02-6

January 2, 2006

Dear Sir/Madam,

This appeal is for Billed Entity # 232868, application 471 # 453660, FRN # 1246674, 1246676, 1246679.

We requested Internet Access & Telecommunication Services for Michigan Health Academy (MHA). We calculated the discount rate based on a survey that is required by Michigan Department of Education (MDE). The discount should be 80%. However SLD modified the discount rate to 20% in the FCD Letter dated 10/5/05 with the following explanation: "The site-specific discount was corrected".

A PIA Initial Reviewer, Mr. Mike Aghachi, communicated with us regarding this issue two times and we responded to him within the allowed 7 day period.

We submitted an appeal to Schools and Libraries Division of the Universal Service (SLD/USAC). SLD/USAC denied our appeal on 11/16/2005 on the basis of missing the family address on the MDE survey form. This survey form is required by the Michigan Dept. of Education (MDE) to determine the eligibility for Title I and Section 31a At-Risk Funding.

Since the required Michigan Department of Education (MDE) survey form was used for income eligibility determination, we feel USAC should give us a chance to rectify the situation and add the family address to the survey form. As you know, MHA is a small charter school with limited resources. Moreover, MHA is located in Detroit where the percentage of qualified students for NSLP is more than 60% which should allow us to get discount rate of 80%. Copies of the survey forms are available in the office. We feel that SLD/USAC's decision to cut our discount rate from 80% to 20% places a burden on small schools like ours to provide continued Internet connection and Telecommunication services for our teachers and students.

No. of Copies rec'd 6
List A B C D E

We trust that you will reconsider our request and revise the discount rate to 80 % so that we can continue to provide Internet and telecommunication connections for our teachers and students. If you have any question about this appeal, please contact us at 586-445-7069 or cherba@synergytraining.net.

Sincerely,

Cheryl Herba, Administrator

Attachments:

1. USAC's decision letter

2. Survey form that is required by MDE

3. Funding Commitment Report



STATE OF MICHIGAN
PARTMENT OF EDUCATION
LANSING



MICHAEL P. FLANAGAN SUPERINTENDENT OF PUBLIC INSTRUCTION

3000 8 1 NAL

JENNIFER M. GRANHOLM GOVERNOR

FCC - MAILROOM

October 6, 2005

MEMORANDUM

TO:

Administrator

FROM:

Linda Brown, Assistant Director Office of School Improvement

SUBJECT:

October 2005 Counts of Membership Pupils Eligible for Free Breakfast, Lunch or Milk

(Form FS-4731-C)

This packet contains the materials you need to document income eligibility of certain children in your school for the 2005-06 school year. Children who are enrolled in the school on October 31, 2005 and whose family income is at or below the criteria identified on the attached chart (Attachment 1), may qualify your school/academy for additional state and federal funding such as "at risk" and/or Title I. In order to qualify to receive such funding, it is necessary to document the income eligibility of certain children. The collection of this information is necessary if your school chooses not to participate in the National School Lunch, School Breakfast, and/or Special Milk Program for the 2005-06 school year.

Please reprint the attached income chart (Attachment 1), application (Attachment 2), and sample letter (Attachment 3) on your school letterhead and distribute them to all students/families in your school. However, only those families meeting the income criteria on the attached chart should complete and return the application. Also attached is guidance for determining income and household size (Attachment 4), which should also be sent to families to assist them with the application.

Once you have determined the number of eligible children enrolled in your school on October 31, 2005, please refer to the enclosed instructions to complete the enclosed Form FS-4731-C, October 2005 Counts of Membership Pupils Eligible for Free Breakfast, Lunch or Milk and submit it no later than January 13, 2006 to:

Jayne Klein
Office of School Improvement
Michigan Department of Education
P.O. Box 30008
Lansing, Michigan 48909

In addition to submitting Form FS-4731-C, please enter the student eligibility information in Field 31, Supplemental Nutrition Eligibility, in the Single Record Student Database (SRSD). Should you have questions, please contact Jayne Klein at 517-373-4006.

Enclosures

STATE BOARD OF EDUCATION

KATHLEEN N. STRAUS - PRESIDENT • JOHN C. AUSTIN - VICE PRESIDENT CAROLYN L. CURTIN - SECRETARY • MARIANNE YARED MCGUIRE - TREASURER NANCY DANHOF - NASBE DELEGATE • ELIZABETH W. BAUER REGINALD M. TURNER • EILEEN LAPPIN WEISER

DETERMINATION OF ELIGIBILITY FOR TITLE I AND SECTION 31a, AT-RISK FUNDING

Name School Name Grade Food Stamp			e application for each fo	ster child)								
If you listed a Food Stamp/TANF case number for EACH child, skip to Part 4.	Names of all children in school		chool Name	Grade								
Part 2. Foster Child*	(First, Middle Initial,	Last)			or TANF case # (if	any)						
Part 2. Foster Child*												
Part 2. Foster Child*					 							
Part 2. Foster Child*												
Part 2. Foster Child*												
Part 2. Foster Child*												
If this application is for a child who is the legal responsibility of a welfare agency or court, list the amount of the child's personal use monthly income: Skip to Part 3. Total Household income from Last Month—You must tell us how much and how often 1. Name (List everyone in household) Earnings from work before deductions alimony (Example) S200/weekly S100/monthly S200/weekly S150/weekly S150/weekly S100/monthly S200/weekly S150/weekly S150/weekly S100/monthly S200/weekly S150/weekly S150/weekly S150/weekly S200/weekly S20	If you listed a Food S	stamp/TANF case numb	er for EACH child, skip to	Part 4.	2. C-2. C-2. C-2. C-2. C-2. C-2. C-							
Use monthly income: \$ Skip to Part 4.	Fart 2: Poster Unite	or a child who is the lea	al responsibility of a welfa	za ogopov or court list t	bo amount of the abil	ANT STATE						
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Earnings from work before deductions Welfare, child support, Social Security Scial		Example: \$100/monti	hly \$100/twice a month	\$100/every other week	(\$100/weekly							
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Jane Smith S					Other							
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\$		\$/	\$/	\$/	\$/	_						
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Part 4. Signature and Social Security Number (Adult must sign) An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.) I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. Sign here: X Social Security Number:	· · · · · · · · · · · · · · · · · · ·	\$	\$	\$	\$/	_						
Part 4. Signature and Social Security Number. (Adult must sign) An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.) I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. Sign here: X Social Security Number:		\$/	\$	\$	\$/	_ 0						
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African American Alaska Native Other Pacific Islander Mark one ethnic identity: Hispanic or Latino Not Hispanic or Latino Don't fill out this part This is for school use only. Monthly Income Conversion: Weekly x 4.33, Every 2 Weeks x 2.15, Twice A Month x 2 Monthly Income FS/TANF: Date Withdrawn Eligibility: Approved Denied Reason:			A 1 P		-							
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2005-06 INCOME ELIGIBILITY GUIDELINES

HOUSEHOLD SIZE	INCOME						
	YEARLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY		
1	\$ 12,441	\$ 1,037	\$ 519	\$ 479	\$ 240		
2	16,679	1,390	695	642	321		
3	20,917	1,744	872	805	403		
4	25,155	2,097	1,049	968	484		
5	29,393	2,450	1,225	1,131	566		
6	33,631	2,803	1,402	1,294	647		
7	37,869	3,156	1,578	1,457	729		
8	42,107	3,509	1,755	1,620	810		
For each additional family member add:	+ 4,238	+ 354	+ 177	+ 163	+ 82		



Universal Service Administrative Company

Schools & Libraries Division

Administrator's Decision on Appeal - Funding Year 2005-2006

November 16, 2005

Cheryl Herba Heart and Health Academys 24535 Jefferson Avenue St Claire Shores, MI 48080

Re: Applicant Name:

HEART AND HEALTH ACADEMYS

Billed Entity Number:

232868

453660

Form 471 Application Number:

1246674, 1246676, 1246679

Funding Request Number(s): Your Correspondence Dated:

October 15, 2005

After thorough review and investigation of all relevant facts, the Schools and Libraries Division (SLD) of the Universal Service Administrative Company (USAC) has made its decision in regard to your appeal of SLD's Funding Year 2005 Funding Commitment Decision Letter for the Application Number indicated above. This letter explains the basis of SLD's decision. The date of this letter begins the 60-day time period for appealing this decision to the Federal Communications Commission (FCC). If your Letter of Appeal included more than one Application Number, please note that you will receive a separate letter for each application.

Funding Request Number(s):

1246674, 1246676, 1246679

Decision on Appeal:

Denied

Explanation:

- On appeal, you seek reversal of the SLD's decision to reduce the requested site-specific discount from 80% to 20%. In support of your appeal, you state that you complied with SLD request for additional documentation in a timely fashion. You also state that you used Michigan State Survey form to determine the school percentage of students that qualify for the National School Lunch Program.
- After a thorough review of the appeal letter, the documentation submitted during your Form 471 review process and during the appeal process, SLD determined that Michigan Health Academy (BEN 54787) percentage discount should be 20%. As indicated in this documentation, Michigan Health Academy used a federallyapproved alternative mechanisms to determine the level of poverty for purposes of the universal service discount program in order to determinate its level of need.

The Schools and Libraries support mechanism requires that if a school chooses to do a survey, the survey must contain the following information: address of family. Since the survey the school provided did not meet this survey guideline, the survey cannot be accepted as valid documentation to support the requested discount. Please visit SLD's Alternative Discount Mechanisms Fact Sheet at http://www.sl.universalservice.org/reference/alt.asp.

- SLD's review of your application determined that your discount eligibility percentage was not supported by appropriate documentation. SLD modified your discount eligibility percentage using the following documentation: a filled out survey/application that was submitted during your form initial review. Since you did not demonstrate in your appeal that the adjustment SLD made to your discount eligibility percentage was incorrect, SLD denies your appeal.
- You indicated on your Form 471 that your discount eligibility is 80% based upon surveys. FCC rules provide that the discount available to an applicant is determined by indicators of poverty and high cost. 47 C.F.R. § 54.505(b). The level of poverty is measured by the percentage of students enrolled in a school or school district that are eligible for a free or reduced price lunch under the National School Lunch Program, or a federally-approved alternative mechanism. Alternatively, the level of poverty is measured according to participation in Medicaid, food stamps, Supplementary Security Income (SSI), federal public housing assistance or Section 8, or Low Income Home Energy Assistance Program (LIHEAP). See Federal-State Joint Board on Universal Service, CC Docket No. 96-45, Report and Order, 12 FCC Rcd 8776, FCC 97-157,n.1334 (rel. May 8,1997). The high cost determination is made pursuant to FCC rules that classify a school or school district as rural or urban. 47 C.F.R. § 54.505(b)(3). An applicant's discount rate is determined by reference to a matrix based upon the level of poverty and whether a school is classified as rural or urban. 47 C.F.R. § 54.505(c).

If your appeal has been approved, but funding has been reduced or denied, you may appeal these decisions to either the SLD or the FCC. For appeals that have been denied in full, partially approved, dismissed, or canceled, you may file an appeal with the FCC. You should refer to CC Docket No. 02-6 on the first page of your appeal to the FCC. Your appeal must be received or postmarked within 60 days of the date on this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. If you are submitting your appeal via United States Postal Service, send to: FCC, Office of the Secretary, 445 12th Street SW, Washington, DC 20554. Further information and options for filing an appeal directly with the FCC can be found in the "Appeals Procedure" posted in the Reference Area of the SLD web site or by contacting the Client Service Bureau. We strongly recommend that you use the electronic filing options.

We thank you for your continued support, patience and cooperation during the appeal process.

Schools and Libraries Division
Universal Service Administrative Company

Cheryl Herba Heart and Health Academys 24535 Jefferson Avenue St Claire Shores, MI 48080

Billed Entity Number: 232868 Form 471 Application Number: 453660 Form 486 Application Number:

Universal Service Administrative Company

Schools & Libraries Division

FOR SHARE STORY

FUNDING COMMITMENT DECISION LETTER (Funding Year 2005: 07/01/2005 - 06/30/2006)

October 5, 2005

Nisar Alholbu HEART AND HEALTH ACADEMYS 5031 Tyler Dr Troy, ML 48685

Re: Form 471 Application Number 453660
Funding Year 2005: 07/01/2005 - 06/30/2006
Billed Entity Number: 232868
Billed Entity FCC RN: 001400751
Applicant's Form Identifier: 586-445-7069-05

Thank you for your Funding Year 2005 E-rate application and for any assistance you provided throughout our review. Here is the current status of the funding request(s) featured in the Funding Commitment Report at the end of this letter.

- The amount, \$15,806,40 is "Approved."

Please refer to the Funding Commitment Report on the page following this letter for specific funding request decisions and explanations.

The Important Reminders and Deadlines immediately preceding this letter are provided to assist you throughout the application process:

NEXT STEPS

 work with your service provider to determine if you will receive discounted bills or if you will request reimbursement from USAC after paying your bills in full

Review technology planning approval requirements
Review CIFA Requirements

- File Eccm 486

- Invoice the SLO using the Form 474 (service provider) or Form 472 (Billed Entity) - as products and services are being delivered and billed

FUNDING CONNITNENT REPORT

On the pages following this letter, we have provided a Funding Commitment Report for the Form 471 application cited above. The enclosed report includes a list of the Funding Request Number(s) (FRNs) from your application. The SLD is also sending this information to your service provider(s) so preparations can be made to begin implementing your E-rate discount(s) after you file your Form 486. Immediately preceding the Funding Commitment Report, you will find a guide that provides a definition for each line of the Report.

TO APPEAL THIS DECISION:

If you wish to appeal a decision in this letter, your appeal must be received by the SLD or postmarked within 50 days of the date of this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. In your letter of appeal.

- I Include the name, address, telephone number, fax number, and (if available) e-mail address for the person who can most readily discuss this appeal with us
- 2 State outright that your letter is an appeal. Include the following to identify the letter and the decision you are appealing.
 Appellant name
 - Applicant name and service provider name, if different from appellant.

- Splitant REN and service provider SFIN cra 471 Application Number as assigned by the SLD, Euraing Commitment Decision Letter for Funding Year 2005 " AND The exact text or the decision that you are appealing
- Please keep your letter to the point, and provide documentation to support your appeal.
 Be sure to keep a copy of your entire appeal, including any correspondence and documentation.
- 4 If you are the applicant, please provide a copy of your appeal to the service provider(s) affected by the SID's decision. If you are the service provider, please provide a copy of your appeal to the applicant(s) affected by the SID's decision.
- 5 Provide an authorized signature on your letter of appeal.

To submit your appeal to the SLD by e-mail, use the "Submit a Question" feature on our web site at www.sl.universalservice.org. Click Continue, choose "Appeals" from the Topics Inquiry on the lower portion of your screen, and click "Go" to begin your appeal submission. The system will prompt you through the process. The SLD will automatically reply to incoming e-mails to contirm receipt.

To submit your appeal to the SLD by Eax, faz your appeal to (973) 599-6542

To submit your appeal to the SLD on paper, send your appeal to:

Letter of Arpeal Schools and Libraries Division Box 125 - Correspondence Unit 50 South Jefferson Road Whippany, NJ 67981

While we encourage you to resolve your appeal with the SLD first you have the option of filing an appeal directly with the Federal Communications Commission (EC). You sould refer to CC Docket Wo. It has no the first page of your appeal to the FCC. Your appeal must be received by the FCC or costnarked within 60 days of the above date of this letter. Fallure to meet this requirement will result in automatic dismissal of Your appeal. We strongly recommend that you use either the electronic filing options described in the Appeals Procedure Dosted in the Reference Area of our yet site. If you are submitting your appeal yis united States Postal Service, send to FCC. Effice of the Secretary, 465 12th Street SW. Washington, DC 20554.

NOTICE ON RULES AND EUROS AVAILABILING

Applicants' receipt of funding commitments is contingent on their compliance with all stacutory regulatory, and procedural requirements of the Schools and Libraries Universal before Support Mechanism. Applicants who have received funding commitments continues to be subject to adults and other reviews that the Universal Service Administrative Company (SAC) and/or the ECC may undertake periodically to assure that funds that have been committed are being used in accordance with all such requirements. The SLD may be required to reduce or cancel funding commitments that were not issued in accordance with such requirements, whether due to action or inaction, including but not limited to that by the SLD, the applicant, or the service provider. The SLD, and other appropriate authorities (including but not limited to USAC and the FCC) may pursue enforcement actions and other means of recourse to collect improperly disbursed funds. The timing of payment of invoices may also be affected by the availability of funds based on the amount of funds collected from contributing telecommunications companies.

Schools and Libraries Division Universal Service Administrative Company

IMPORTANT REMINISTRE & DEADLINES

Billed Entity Number - 232668 Name of Billed Entity: HEART AND HEALTH ACADEMYS

The following information is provided to assist you throughout the application process we recommend that you keep it in an easily accessible location and that you share it with the appropriate members of your organization.

FCC REGISTRATION NUMBERS (FCC RNs) - Effective November 1, 2004, the FCC's Fifth Order (FCC 04-190 released August 13, 2004) requires E-rate program participants to have FCC Registration Numbers. Please continue to review our web site for additional guidance.

SCRN 486 DEADLINE - The Form 486 must be postmarked no later than 120 days after the Service Start Date you report on the Form 486 or no later than 120 days after the date of the Funding Commitment Decision Letter, whichever is later. If you are required to have a Technology Plan, that plan must cover all 12 months of the Euhology ear. You must indicate the name of the SLD-Certified Technology Plan Approver (TPA) prior to the commencement of discounted services for this funding year. You must indicate the name of the SLD-certified Technology Plan approver (TPA) prior to the commencement of discounted services for this funding year. You must indicate the name of the SLD-certified TPA who approved your plan in your form 486 and you must retain your approval letter and documentation of your monitoring of the progress toward your stated your

CHILDREN'S INTERNET PROTECTION SIT (CIPA) - Flease review the CIPA cuidance in the Form So Instructions, Section II, "INFACT OF CIPA REQUIREMENTS ON FORM 486"

INVOICE DEADLING - invoices must be postmarked no later than 120 days after the last date to receive service - including extensions - or 120 days after the date of the Form 486 point of the submitted until the submitted until the association letter, whichever is later. Invoices should not be submitted until the associated products and services are being delivered and billed, and (for BEAR Forms) the provider has been paid.

OBLIGATION TO PAY NON-DISCOUNT FORTION - Applicants are required to pay the non-discount portion of the cost of the products and/or services. Service providers are required to bill applicants for the non-discount portion. The FCC has stated that requiring applicants to pay their share ensures efficiency and accountability in the program. FCC 94-190 concludes that a presumptively reasonable timeframe for a beneficiary to pay its non-discount share is 90 days after the completion of services. If you are using a trade-in as part of your non-discount portion, please refer to the web site for more information.

OCCUMENTATION RETENTION - FCC rules require that documents demonstrating compliance with the statute and Commission rules must be retained for a period of at least five years after the last day of service delivered. See "Document Retention Requirements" in FCC 04-190 for a descriptive list of many of the documents you must retain.

SUPERSION AND DEBARMENT - Persons who have been convicted of criminal violations or neld civilly limble for certain acts arising from their participation in the Schools and Libraries Support Mechanism are subject to suspension and debarment from the program.

EBSE SERVICES ADVISORY - Applicants and service providers are prohibited from using the account and Libraries Support Mechanism to subsidize the producement of ineligible of unrequested products and services, or from participating in arrangements that have the effect of providing a discount level to applicants greater than that to which applicants are entitled.

Complete program information - including more information on these reminders - is posted to the SLD section of the USAC web site at www.sl.universalservice.org. You may also contact the SLD Client Service Bureau by e-mail using the "Submit a Question" link on the web site by fax at 1-888-276-6736 or by phone at 1-888-203-8160

ANNUAL FRE-DISCOUNT AMOUNT FOR ELIGIBLE NON-RECURRING CHARGES: Annual eligible non-recurring charges approved for the funding year.

PRS-DISCOUNT AMOUNT: Amount in Form 471, Black 5, Item 231, as determined through the application review process:

DISCOUNT PERCENTAGE APPROVED BY THE SLD: The discount rate that the SLD has approved for this service.

ENVINCE COMMITTENT DECISION. This represents the total amount of funding that the SID has reserved to reimburse your service provider for the approved discounts for this service for this funding year. It is important that you and your service provider both recognize that the SLD should be invoiced and the SLD may direct disbursement of discounts only for eliquible, approved services actually rendered.

FUNDING COMMITMENT DECISION EXPLANATION: This entry provides an explanation of the amount in the "Funding Commitment Decision"

FCDL DATE: The date of this Funding Commitment Decision Letter (FCDL):

WAVE NUMBER. The wave number assigned to FCDLs issued on this date.

FUNDING COMMITMENT REPORT Billed Entity Name: HEART AND HEALTH ACADEMYS BEN: 23:868 Einding Year: 2005

Sorm 471 application Number 453660

Eunding Request Number 1246673

Funding Status, Eunded

ategory of Service Telecommunications Service

orm 470 application Number 827470000

FIN 1808177

ervice Provider Name: SBC Michigan

outract Number MTM

eiling account Number: 3138829422

ervice tart Date: 07/01/2005

outract Expiration Date: 06/30/2006

Site Testifier 54838

Number of Norths Recomming Service Provided in Funding Year 12

Annual Pre-discount Amount for Eligible Recomming Charges: \$6,000.00

Annual Pre-discount Amount for Eligible Non-recurring Charges: \$6,000.00

Tre-discount Amount: \$6,000.00

Discount Percentage Approved by the ShD+60%

Funding Commitment Decision: \$3,600.00 FRN approved as submitted

FOR CALE 10 05 2005

Funding Request Number: 1246674
Sinding Status Funded
Category of Service Telecommunications Service
Form 476 Application Number: 827470000
FIN: 14300177
Service Provider Name: S86 Michigan
Contract Number: NIN
Elling Account Number: 313.982-9422
Service Start Date: 07/01/2005
Contract Expiration Date: 06/30/2006
Site Identifier: 54787
Number of Months Recurring Service Provided in Funding Year: 12
Annual Pre-discount Amount for Eligible Recurring Charges: \$5.400.00
Annual Pre-discount Amount for Eligible Non-recurring Charges: \$ 00
Fre-discount Amount: \$5.400.00
Discount Percentage Approved by the SLD: 20%
Ending Commitment Decision S100000 - FRN approved, modified by SLD
Funding Commitment Decision Explanation: The site-specific discount Was corrected.

FCDL Date 10/05/2005 Vave Number 0.5

FUNDING COMMITTHENT REPORT Billed Entity Name HEART AND HEALTH ACADEMYS SEN: 232868 Funding Year: 2005

Form 471 Application Number 453860
Emming Request Number: 1246675
Enading Status Funded
Category of Fervice Telecommunications Service
Category of Fervice Telecommunications Service
Correct Politication Number: 827470000
FIN: 13 5083
Cervice Provider Name: Nextel
Contract Number: T
Billing Account Number: 160143328
Cervice Start Date: 07/01/2005
Contract Expiration Late: 06/30/2006
Category of Months Recurring Service Frovided in Funding Year: 12
Annual Fre-discount Amount for Eligible Recurring Charges: \$12 000 000
Annual Pre-discount Amount for Eligible Non-recurring Charges: \$00
Fre-discount Amount: \$12,000.00
Discount Fercentage Approved by the SLD: 607
Construct Commitment Decision: \$7,200.00 - FRN approved as submitted

ECOL Date: 10/05/2005 Wave Number 015

Funding Request Number: 1246676

Eunding Status Funded

Eategory of Service Telecommunications Service

ESTM 470 Application Number 827470000

STIN 14380893

Ervice Provider Name: Nextel

Contract Number I

Filing Account Number, 777143325

Ervice Start Date: 07/01/2005

Contract Expiration Date: 06/30/2006

Its Identifier 4787

Number of Norths Recurring Service Provided in Funding Year: 12—

Annual Pre-discount Amount for Fligible Recurring Charges: 89.600.00

Annual Pre-discount Amount for Fligible Non-recurring Charges: 80.600

Pre-discount Amount: 89.000.00

Discount Percentage Approved by the SID: 20%

Funding Commitment Decision Si970.00 - FRN approved; modified by SID

Funding Commitment Decision Explanation: The site-specific discount was corrected.

ECOL Date: 10/05/2005 Wave Number: 015

FUNDING CONNITHENT REPORT Billed Entity Name HEART AND HEALTH ACADEMYS ESN: 232868 Funding Year: 2005

Form 471 Application Number: 453660
Sunding Fequest Number: 1246679
Sunding Status: Funded
Sategory of Service Internet Access
Form 470 Application Number: 827470000
SFIN- 143012564
Service Provider Name: Comcast Cable Communications; INC
Contract Number: NIN
Siling Account Number: N/A
Service Start Date: 07/01/2005
Contract Expiration Date: 06/30/2006
Sits Identifier: 54787
Sumber of Months Recurring Service Provided in Funding Year: 12—
Sunual Fre-discount Amount for Eligible Recurring Charges: \$2.832.00
Amnual Fre-discount Amount for Eligible Non-recurring Charges: \$2.832.00
Section of Months Recurring Service Provided Information Service Start Date: 54.82
Singling Commitment Section: \$366.40 - FRN approved; modified by SLB
Sunding Commitment Decision: \$366.40 - FRN approved; modified by SLB
Sunding Commitment Decision Explanation: The site-specific discount was corrected

FCCL Date 10/05/2005 Rays Sumber DIS

ECUL Date 10/05/2005 Wave Number 015